PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

09804908

			(Column 1) (C			umn 2) .		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS						•	RAT	E	FEE	7	RATE	7	
FOR			NUMBE	NUMBER FRED		BER EXTRA.	BASIC	<u> </u>		1_		FEE.	
TOTAL CHARGEABLE CLAIMS				minus 20=					005.00	POR	BASIC FEI	770.00	
INDEPENDENT CLAIMS							XS	9=		OR	X\$18≖		
_		NDENT CLAIM I	minus 3 =			· · · · · · · ·	X43	=		OR	X86=		
		HOENT COMMI	rneseni				+145	je		OR	+290=		
• †	f the difference	e in column 1 is	s less than 2	less than zero, enter "0" in column :			TOTA	A1		J (
	(CLAIMS AS	AMENDE	MENDED - PART II				ا خ.		OR	TOTAL		
_	· · · · · · · · · · · · · · · · · · ·	(Column 1)	•	(Column 2) (Column 3)				LL E	NTITY	OR	OTHER THAN OR SMALL ENTITY		
IENTA		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total Independent	• 37	Minus	•• 3	8		X\$ 9	=	·	OR	X\$18=		
		NTATION OF M	Minus	PENDENT	7		X43:			OR	X86=	:	
			DEIW CE DE	J-ENUCH!	·		+145	=	-	OR	+290=		
					•		TOT ADDIT, F			OR .	TOTAL ODIT, FEE		
		(Column 1)	•	(Colum		(Column 3)			. Pers				
ROMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	·	•	X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***		8	X43=	+		ŀ	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+		QR .			
		1					+145=	L		OR	+290=		
			•				ADDIT, FE	ŧL		OR A	TOTAL DOIT. FEE		
_	-	(Column 1) CLAIMS		(Column		(Column 3)			• •	_	•		
	•	REMAINING . AFTER AMENDMENT		PREVIOL PAID FO	ER . JSLY	PRESENT EXTRA	RATE	ĮΤ	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	-	*	X\$ 9=	1		OR I	X\$18=		
	Independent		Minus	***		•	X43=	+		`` -			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4-	I°)A	X86=		
If the entry in column 1 is less than the entry in column 2, write '0' in column 3.							+145=)A	+290≈		
H	the "Highest Nur	NDOT Proviously Pai NDOT Proviously Pa	id For IN THIS Id For IN THIS	S SPACE IS I S SPACE IS I	ess than	20, enter -20.*					TOTAL DOTT. FEE		
		ber Previously Paid	LAL LICENOL	masheugel.	ų sa sne i	righest number	lound in the a	ppro	priate box i	n cotur	nn 1.	'	